

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/744904	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		(1)				
2		1					52		(1)				
3		2					53		(1)				
4		(1)					54		(1)				
5		(1)					55		(1)				
6		(1)					56		(1)				
7		(1)					57		(1)				
8		(1)					58		(1)				
9		(1)					59		(1)				
10		(1)					60		(1)				
11		(1)					61		(1)				
12		(1)					62		(1)				
13	1						63		(1)				
14		1					64		(1)				
15		2					65		(1)				
16		(1)					66		1				
17		(1)					67		(1)				
18		(1)					68		(1)				
19		(1)					69		(1)				
20		(1)					70		(1)				
21		(1)					71		(1)				
22		(1)					72		(1)				
23		(1)					73		(1)				
24		(1)					74		(1)				
25		(1)					75		(1)				
26		(1)					76		(1)				
27		(1)					77		(1)				
28		(1)					78						
29	1						79						
30		1					80						
31		2					81						
32		(1)					82						
33		(1)					83						
34	1						84						
35		1					85						
36		1					86						
37		(1)					87						
38		(1)					88						
39	1						89						
40		1					90						
41		1					91						
42		3					92						
43		(1)					93						
44		(1)					94						
45		(1)					95						
46		(1)					96						
47		(1)					97						
48		(1)					98						
49		(1)					99						
50		(1)					100						
TOTAL IND.							TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	77					
TOTAL CLAIMS							TOTAL CLAIMS	82					